



CITY OF CHULA VISTA
CHULA VISTA POLICE DEPARTMENT



**POLICE CONTROLLED LICENSE
ICE CREAM TRUCK RENEWAL**

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____

SECTION I: PERSONAL INFORMATION

Applicant's Full Name: _____

Last

First

Middle

Residence Address: _____

Street

City

State

Zip

Email Address: _____

Home Phone #: _____

Cell Phone #: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Race: _____

Sex: _____

Permit #: _____

Permit Expiration Date: _____

HAVE YOU BEEN ARRESTED IN THE PAST 12 MONTHS (CIRCLE ONE):

YES

NO

(If yes, please list on the back side of this application)

The following must be submitted, with this application, to renew your ice cream truck permit:

- **\$70.00 renewal fee** (checks are made payable to the City of Chula Vista)
- **One 2" x 2" photo** taken within the **last six months**
- Copy of valid driver's license
- Copy of current Department of Motor Vehicle registration
- Copy of current vehicle insurance card
- Copy of Department of Health card/symbol
- City of Chula Vista Business License

ALL FEES ARE NON-REFUNDABLE.

YOU MAY NOT OPERATE IN THE CITY OF CHULA VISTA WITHOUT A VALID POLICE CONTROLLED LICENSE/PERMIT.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant

Date

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION

PHOTO

FOR OFFICIAL USE ONLY

Application Date: _____

ARJIS: _____

Received By: _____

SRFERS: _____

Approved By: _____

Date: _____

Application Completed By: _____

Date: _____